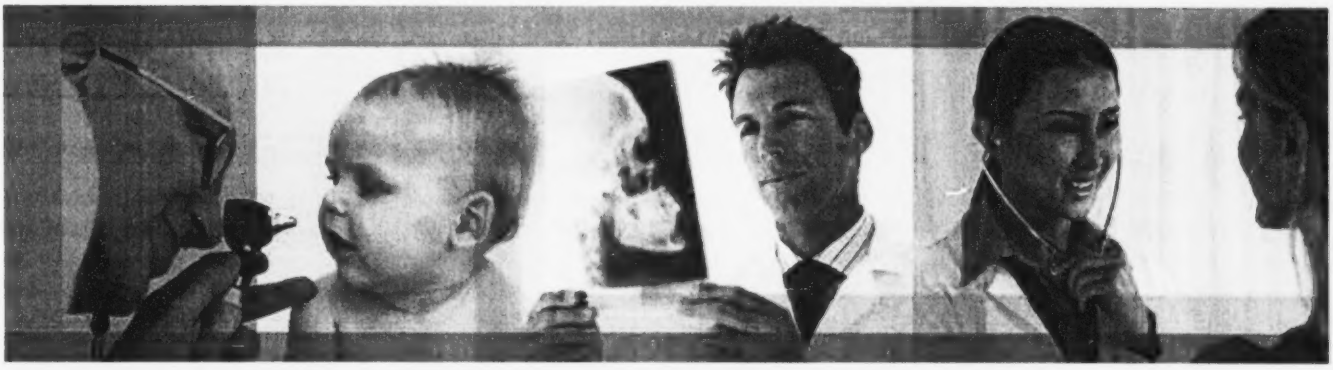
Physicians' Newsletter

PUBLISHED BY THE MEDICAL SERVICES PLAN FOR MEDICAL PRACTITIONERS

Spring 2010



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Inserts Featured in this Newsletter:

- **Specialist Services Committee Targets New Fees for Specialist Physicians**
- **Payment Schedule Update - Spring 2010**

Announcing: BC Family Residence Program

The Ministry of Health Services and Provincial Health Services Authority are pleased to introduce a new accommodation assistance program to enable families to stay together when their child requires medical care at BC Children's Hospital, including premature babies and newborns with other health concerns. Enhanced travel assistance is also provided through ground transportation for children and air transportation for patients of all ages.

For general information and program application details contact the Health and Seniors Information Line at 1 800-465-4911 or visit: www.BCfamilyresidence.gov.bc.ca.

New Interactive E-Newsletter Feature!
Click on one of the "At A Glance" items to go to that article. To return to this page, simply click on the article title!

BRITISH COLUMBIA
The Best Place on Earth

Ministry of Health Services

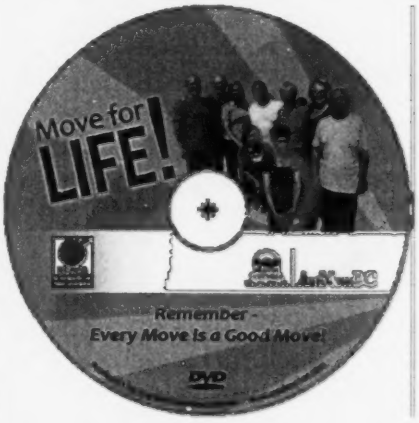
New Service Launched to Enroll Newborns in the Medical Services Plan (MSP)

On December 1, 2009, a new service was launched, making it easier for parents to enroll their newborns in MSP. The MSP Baby Enrolment Application service is a joint initiative offered by the Vital Statistics Agency and Health Insurance BC. This service gives parents the option of enrolling their newborn child with MSP at the time they register their child's birth and order a birth certificate.

Information on the new service is available at www.hibc.gov.bc.ca (under B.C. Residents) and has also been provided to B.C. birthing hospitals, midwifery practices, and health authorities.

MOVE FOR LIFE DVD
A Valuable Tool to Assist Your Older Patients Lead Healthier Lives

The Ministry of Healthy Living and Sport, in consultation with older adults and exercise specialists, has developed the Move for Life DVD. We think this is a valuable tool that can assist your older patients lead healthier lives. The DVD provides easy-to-do physical activities for older adults who are interested in adding physical activity options to their daily routine. We encourage you to share this information with your older patients that are interested in increasing their level of physical activity. The DVD includes two sections:



Walkabouts

- Walkabouts are easy-to-follow physical activities that can be done anywhere - at home, in a neighbourhood park or while travelling.
- There are three levels of Walkabouts which build upon one another in terms of complexity and length – 30, 40, and 60 minutes each.
- Each walkabout has a warm-up, cardiovascular, cool-down, strength and stretch section.

Energy Bursts

- Energy Bursts are fun routines designed to get groups moving and feeling energized.
- The two-minute activity routines are easy-to-do anywhere and they're a blast for large groups - they'll put the zip back in any meeting or gathering and will give groups a burst of energy.

The DVD is free of charge to older adults living in British Columbia. Interested patients may view the DVD and order a copy by visiting www.actnowbc.ca/seniors/move_for_life_dvd or by phoning the Health and Seniors Information Line at 1 800 465 4911.

Disagree With How MSP Has Paid Your Claim?

Remittance statements issued by the Medical Services Plan (MSP) should be reviewed carefully to reconcile all claims and payments made. Some claims submitted to MSP are adjusted and returned with an explanatory code explaining the reason for the adjustment. A complete list of explanatory codes can be found at:
www.health.gov.bc.ca/msp/infoprac/physbilling/payschedule/explancodes.pdf

If a medical practitioner does not agree with an adjustment, the most effective way to have the claim reassessed is to resubmit to MSP with additional information. It is important to resubmit the claim with the additional information (note record, comment and/or correspondence) or no further action will be taken.

Date of Service of Claim is Less Than 90 Days Old

Use submission code R when re-billing because of a previous refusal or a partial payment for claims with a date of service less than 90 days old. Do not use submission code R on previous duplicates that were refused with explanatory codes HA, HX, or VQ. When re-billing for a duplicate claim that was refused, use submission code D. We recommend that you include a note record.

Submitting Duplicate Claims

There are two ways of submitting valid duplicate claims:

1. Submit the original or first claim with submission code 0 (zero) as you would for any regular billing. Submit all duplicate claims with submission code D. Duplicate claims that do not use submission code D are automatically refused with explanatory code HA or HX.
   Or
2. Submit a single claim for multiple services, using a note record or claim comment to explain the multiple billings. This method of submission may be subject to manual adjudication or post-audit.

Date of Service of Claim is Greater Than 90 Days

Please refer to the Over Age Claims Brochure in the July, 2009 Physician's Newsletter at::
www.health.gov.bc.ca/msp/infoprac/physnews/july_2009_submission_claims.pdf

Important Reminder: CPSID Required On All Prescriptions

PharmaCare continues to receive many calls each month from pharmacies who have been asked to fill a prescription that does not include the prescribing physician's College of Physicians and Surgeons Identity Number (CPSID). Accurate physician identification is important as this information will be included in a patient's PharmaNet medication history.

Most commonly, the difficulty arises because the physician has:

- given their Medical Services Plan Billing Number instead of their CPSID, or
- used a generic pad (for a walk-in clinic, hospital emergency department, etc.) and failed to include their CPSID.

Physicians, please include your CPSID on all prescriptions, as set out in the College of Physicians and Surgeons Resolution 00-54 of September 1, 2000.

Guidelines and Protocols Advisory Committee Celebrating Achievements in B.C.

The Guidelines and Protocols Advisory Committee (GPAC) was formed as an advisory committee to the Medical Services Commission to develop and publish clinical practice guidelines for physicians in British Columbia. As a collaborative committee with representation from both the Ministry of Health Services and the British Columbia Medical Association, GPAC has risen to the challenge of both supporting effective utilization of medical services in B.C., as well as supporting adoption of clinical practice guidelines by health care providers across the province.

Keeping Up with Health Care in B.C.

GPAC has engaged clinical experts in B.C. to evaluate clinical evidence and publish on numerous conditions with particular focus on circumstances in British Columbia. GPAC has remained a "developed by B.C. physicians", "for B.C. physicians" producer of guidelines. With over 50 guidelines in its roster, GPAC has remained at the forefront of health care issues addressing true gaps in care through the development of new clinical practice guidelines such as "*Stroke and Transient Ischemic Attack – Management and Prevention.*" Current updates to an already comprehensive inventory of clinical conditions include the revision and publication of two major guidelines: "*Osteoarthritis in Peripheral Joints – Diagnosis and Treatment*" and "*Chronic Obstructive Pulmonary Disease.*" GPAC has also developed guidelines which address specific patient populations such as the recently published "*Anxiety and Depression in Children and Youth - Diagnosis and Treatment.*"

On the Leading Edge of Clinical Practice Guidelines

In response to the needs of a new technologically savvy audience, GPAC has embraced modern technology as a tool to improve accessibility and uptake of clinical practice guidelines. In addition to PDF and HTML formats, GPAC clinical practice guidelines are now available for Personal Digital Assistant and Blackberry electronic formats as well as for iTouch and iPhone platforms.

Physician Engagement

One of the major challenges of any guideline producer is the implementation of the guideline recommendations into clinical practice. GPAC has taken a very engaged approach with physicians for the development and implementation of GPAC guidelines. GPAC physicians act as Chairs of working committees for the development of the guidelines and act as champions for guideline implementation, engaging in speaking opportunities at medical conferences within their area of expertise. Through GPAC Physician Champions, GPAC guidelines are now integrated into medical school programs and form the basis of teaching modules, forming the foundation for the development of case studies for university medical programs and medical resident training programs. GPAC also continues its outreach program supporting physicians through the availability of interactive displays at continuing medical education conferences and special events – allowing health care providers to engage with program staff, providing feedback on specific guidelines and the GPAC program in general.

Recognition

GPAC recently received recognition from the Medical Services Commission for acceptance of four of GPAC's most influential clinical practice guidelines by the National Guidelines Clearinghouse, a comprehensive and universally recognized database of evidence-based clinical practice guidelines. GPAC's reputation for producing high-quality guidelines has resulted in many organizations approaching GPAC for partnering on the development of condition-specific guidelines. One such example of a collaborative partnership has been with the BC Cancer Agency with the first successful product of such collaboration, part one of a three part series on Palliative Care, scheduled for release in the spring of 2010.

GPAC provides practical recommendations to practitioners for effective patient care, with particular emphasis on circumstances in B.C. GPAC aims to:

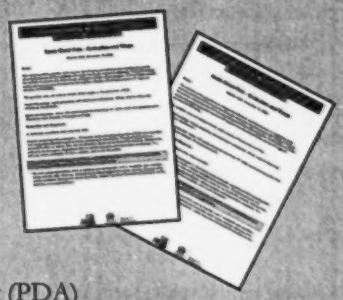
- ***Encourage appropriate responses to common medical situations***
- ***Recommend actions that are sufficient and efficient, neither excessive or deficient***
- ***Permit exceptions when justified by clinical circumstances***

For more information on GPAC, please visit their website at www.BCGuidelines.ca.

GUIDELINES & PROTOCOLS ADVISORY COMMITTEE

The following updated guidelines will be added to the BCGuidelines.ca web site:

- Cardiovascular Disease(2008)*
- Otitis Media(2010) – *replaces Otitis Media acute, with effusion*
- Thyroid Function Testing(2008)*



**where minor changes have been made to the existing guidelines, i.e. no change in the medical evidence etc., the effective date remains that of the original guideline.*

These guidelines will be in effect as of March 31, 2010.

GPAC guidelines are available to physicians on your Personal Digital Assistant (PDA) Or Blackberry format through the CliniPEARLS web site:

www.clinipearls.ca/BCGuidelines

Many of the GPAC guidelines are now available in iPhone format as Apps at the iStore:

http://itunes.apple.com/ca/app/clinipearls/id362912306?mt=8

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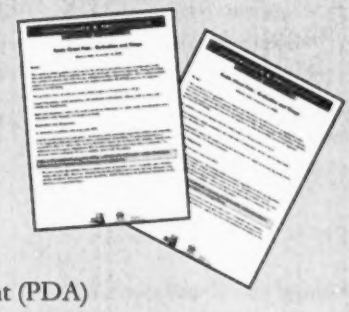

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PharmaCare Limited Coverage Benefits and Criteria Changes

Please note that Special Authority coverage must be approved before a patient fills their prescription. Coverage cannot be provided retroactively and actual coverage is subject to the patient's usual PharmaCare plan rules, including any annual deductible requirement.

Expanded Coverage of Biologics—For Plaque Psoriasis

Effective **November 30, 2009**, adalimumab (Humira®), etanercept (Enbrel®), infliximab (Remicade®) and ustekinumab (Stelara®) will be eligible for coverage as Limited Coverage Drugs through the Special Authority Program for the treatment of moderate to severe plaque psoriasis as requested by dermatologists.

Coverage will be according to the criteria as detailed on the Special Authority forms available at:
www.health.gov.bc.ca/pharmacare/sa/criteria/formsindex.html.

Approvals are valid for the following time periods:

ADALIMUMAB

- Initial coverage – 80 mg initial dose, then 40 mg at week one and 40 mg every two weeks for 16 weeks
- Renewal coverage – 40 mg every two weeks for one year

ETANERCEPT

- Initial coverage – 50 mg twice weekly for 12 weeks
- Renewal coverage – 50 mg once or twice weekly for one year

INFLIXIMAB

- Initial coverage – 5 mg/kg initial dose, at two and at six weeks (induction three doses)
- Renewal coverage – 5 mg/kg every eight weeks for one year

USTEKINUMAB

- Initial coverage – Patient weight < 100 kg: 45 mg initial dose, week four, and week 16
  Patient weight > 100 kg: 90 mg initial dose, week four, and week 16
- Renewal coverage – Patient weight < 100 kg: 45 mg every 12 weeks
  Patient weight > 100 kg: 90 mg every 12 weeks for one year

Only dermatologists may submit requests for biologics for the treatment of psoriasis. Criteria and forms are available in the Special Authority section of our website at:
www.health.gov.bc.ca/pharmacare/sa/saindex.html.

Expanded Coverage for Osteoporosis

The combination product alendronate plus cholecalciferol (Fosavance® 70 mg/5600 IU) is now available as a Limited Coverage Drug through the Special Authority Program. Effective **November 18, 2009**, alendronate plus cholecalciferol (vitamin D3) 70 mg/5600 IU (DIN 2314940) became eligible for PharmaCare coverage through our Special Authority Program for the treatment of patients who have clinical or radiographically-documented fracture due to osteoporosis.

These criteria now also apply to alendronate 10 and 70 mg. A trial of etidronate is no longer required.

Patients who have a current Special Authority approval for alendronate have automatic coverage of the combination product.

Criteria and forms are available in the Special Authority section of our website at:
www.health.gov.bc.ca/pharmacare/sa/saindex.html.

Proton Pump Inhibitors—Expanded Coverage

Effective January 26, 2010, PharmaCare expanded coverage of proton pump inhibitors (PPIs). PharmaCare's first-covered PPIs now include **rabeprazole** and **pantoprazole magnesium (Tecta™)**. One Special Authority approval provides coverage for both these options.

Patients with an existing Special Authority for rabeprazole are automatically covered for pantoprazole magnesium. No additional Special Authority request is required.

Information sheets for health care professionals and patients are available on our website at:
www.health.gov.bc.ca/pharmacare/prescribe.html.

Criteria and forms are available in the Special Authority section of our website at:
www.health.gov.bc.ca/pharmacare/sa/saindex.html.
Please note that the Special Authority request form (HLTH 5350) can be used to request any Proton Pump Inhibitors.

Abatacept / Rituximab for Rheumatoid Arthritis—Expanded Coverage

On **January 26, 2010**, expanded criteria for coverage of **abatacept (Orencia®)** and **rituximab (Rituxan®)** for the treatment of rheumatoid arthritis came into effect. Criteria now includes coverage for patients treated in combination with methotrexate who have failed to respond to an adequate trial of at least one anti-TNF agent (adalimumab, infliximab OR etanercept) OR have contraindications to these anti-TNF agents.

All requests for abatacept and rituximab must be submitted by a rheumatologist. Criteria and forms are available in the Special Authority section of our website at www.health.gov.bc.ca/pharmacare/sa/saindex.html.

ABATACEPT

Initial coverage – one year:

- Weight / Dosage: < 60 kg / 500 mg, 60-100 kg / 750 mg, > 100 kg / 1000 mg — initial dose, at two and four weeks, then every four weeks. A minimum ACR20 response is required at six months for continued treatment.

Renewal coverage – one year:

- Weight / Dosage: < 60 kg / 500 mg, 60-100 kg / 750 mg, and > 100 kg / 1000 mg— every four weeks.

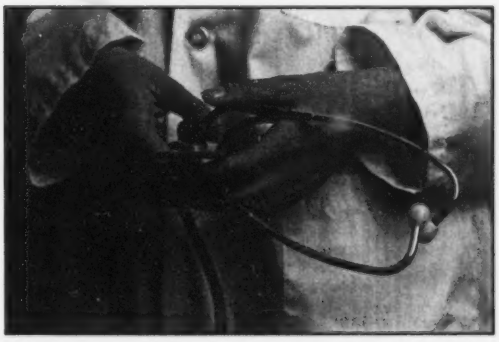
RITUXIMAB

Initial coverage – two courses:

- Each course is 1000 mg initial dose and at two weeks, minimum 24 weeks between courses. A minimum ACR20 response is required after the initial course for retreatment

Renewal coverage – two courses:

- Each course is 1000 mg initial dose and at two weeks, minimum 24 weeks between courses.



NSAIDs—Reference Drug Program Price Change

Effective **March 1, 2010**, PharmaCare will adjust the reference price for non-steroidal anti-inflammatory drugs (NSAIDs). The reference price will now be based on ibuprofen 2400 mg/day rather than naproxen 1000 mg/day.

This change reflects the lower risk of gastrointestinal toxicity and optimal cost effectiveness of using ibuprofen.

The reference drugs in the NSAID category (those that do not require Special Authority for full coverage) are enteric-coated ASA, ibuprofen or regular-release naproxen.

These reference drugs, including regular-release naproxen, are regular PharmaCare benefits and are reimbursed at actual acquisition cost within the guidelines of the Low Cost Alternative Drug Program, and subject to the Maximum Pricing Policy.

Non-reference drugs in the NSAID category are reimbursed at the lesser of the:

- actual daily acquisition cost, or
- new reference price of $0.1924/day (which represents ibuprofen 2400 mg/day).

To support optimal prescribing of NSAIDs, coverage policy educational materials for health care professionals and patients are available on our website at: www.health.gov.bc.ca/pharmacare/prescribe.html.

Clopidogrel—Expanded Coverage for Acute Coronary Syndrome

Pharmaceutical Services Division is pleased to announce further expanded coverage of clopidogrel (Plavix®). Effective **March 16, 2010**, high-risk, medically-treated patients with Acute Coronary Syndrome will also be eligible for PharmaCare coverage of clopidogrel for up to twelve months (previously 30 days) through our Special Authority Program, provided that they meet the following Limited Coverage criteria:

For high-risk, medically-treated patients following hospital-diagnosed Acute Coronary Syndrome in combination with ASA. High-risk patients are those who have: a history of arterial disease; OR a recurrent vascular event while on ASA alone or within the initial 30 days of combination clopidogrel plus ASA; OR a contraindication to, or a pattern of, coronary artery disease not amenable to mechanical revascularization.

Approval period: Up to one year.

Notes:

- Acute Coronary Syndrome (ACS) is defined as unstable angina or non-ST elevation myocardial infarction.
- A history of arterial disease is defined as previous transient ischemic attack (TIA), stroke, or symptomatic peripheral artery disease.
- Clinical judgment is warranted to assess the increased bleeding risk of combining clopidogrel with ASA and/or oral anticoagulants.

The criteria for Special Authority coverage of clopidogrel, including criteria for other indications, are available at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/clopidogrel.html.

A Drug Decision Summary describing the rationale for this change in coverage is available at www.health.gov.bc.ca/pharmacare/formulary/DDS.html.

Aprepitant— Coverage for the Prevention of Nausea and Vomiting Due to Highly-Emetogenic Cancer Chemotherapy

Effective **March 16, 2010**, aprepitant (Emend®) will be available for PharmaCare coverage for the prevention of nausea and vomiting due to highly-emetogenic cancer chemotherapy through our Special Authority Program, according to the following Limited Coverage criteria:

- For the prevention of acute and delayed nausea and vomiting due to highly-emetogenic cancer chemotherapy in combination with a 5-HT3 antagonist and dexamethasone, for up to a maximum number of standard, planned treatment cycles of highly-emetogenic cancer chemotherapy (usually six or fewer treatment cycles), as specified in the relevant BC Cancer Agency chemotherapy protocol.

Notes:

1. Highly-emetogenic chemotherapy is defined by greater than 90% of patients experiencing emesis if not treated. Emetogenicity of chemotherapy is determined in accordance with the BC Cancer Agency Cancer Drug Manual for single agent chemotherapy and with the BC Cancer Agency chemotherapy protocols for combination chemotherapy (see individual protocols for assessment of emetogenicity and SCNAUSEA supportive care protocol rating). The SCNAUSEA supportive care protocol is available at: www.bccancer.bc.ca/HPI/ChemotherapyProtocols SupportiveCare/default.htm.
2. Coverage is not intended for the prevention of nausea and vomiting with cancer chemotherapy of high-moderate, low-moderate, low or rare emetogenicity. However, exceptional case coverage requests may be submitted to PharmaCare. Exceptional case submissions are required for all patients who do not meet the above Limited Coverage criteria, from all physicians (including those with specialist exemption).

Specified physicians who enter into a Collaborative Prescribing Agreement will be exempt from completing Special Authority requests for aprepitant, and are subject to the terms of such Agreement in order to have their exemption maintained.

The criteria, Special Authority request forms and Collaborative Prescribing Agreement are available in the Special Authority section of our website at: :www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/aprepitant.html.

New Local Fax Number for Special Authority Requests

On **March 30, 2010,** PharmaCare began using a new computer application to process Special Authority requests. This resulted in the following changes to the management and processing of Special Authority requests:

- There is a **NEW Special Authority fax number for the Victoria area and for out-of-province users: 250-405-3605.**
  Please update any speed dial numbers you are currently using.
- **The toll-free fax number (1-800-609-4884) for other BC users remains the same.**
- Faxed requests are now directed to Health Insurance BC for sorting before being forwarded to PharmaCare for adjudication and response confirmation.
- There have been minor changes to the format of adjudication responses prescribers receive from PharmaCare.

We are appending this information to every Special Authority request response for the next several weeks to ensure everyone is notified of the changes.

The BC Provincial Academic Detailing (PAD) service is now available province-wide!

The BC Provincial Academic Detailing (PAD) service:

- Continuing Medical Education (CME) that lets physicians decide when, where and duration of the session A face-to-face discussion with a clinical pharmacist on selected drug therapy topics (we prefer one-on-one or small group sessions so that we can tailor the discussion to meet your needs)
- The academic detailing pharmacist will come to your office at a time convenient for you
- Time: 15 minutes to 1 hour (you decide)
- Fee: no charge
- Each session is accredited for up to 1.0 MainPro M1 credit
- Current topic: *Antibiotics in Community Practice*
- Beginning May 2010: *COPD: Optimizing Inhaled Medications*

To locate the academic detailing pharmacist in your area, call 604-660-1978 or e-mail PAD@gov.bc.ca